Assessment of Primary Health Centres in selected States of Nigeria

Report of findings from Christian Aid Supported Communities in Anambra State

July 2015

christian aid

Recommended citation:

Christian Aid 2015. *Assessment of Primary Health Centres in selected States of Nigeria: Report of findings from Christian Aid supported communities in Anambra State*. Abuja, Nigeria: Christian Aid.

Sponsor:

Christian Aid UK, Nigeria Country Programme. Funded as part of Christian Aid's Programme Partnership Arrangement (PPA) with the UK Government's DFID

Collaborating Organizations:

Christian Aid

Insight Consulting Limited

Aguata Diocesan Community Human Services (AD-CHUS), Anambra State

Christian Aid is an international development agency that insists the world can and must be swiftly changed to one where everyone can live a full life, free from poverty.

We work globally for profound change that eradicates the causes of poverty, striving to achieve equality, dignity and freedom for all, regardless of faith or nationality. We are part of a wider movement for social justice.

We provide urgent, practical and effective assistance where need is great, tackling the effects of poverty as well as its root causes.

christianaid.org.uk

Christian Aid
Plot 802, Ebitu Ukiwe Street
Jabi District
Abuja, FCT
Nigeria
T: +234 09 783 0425
E: nigeria-info@christian-aid.org
W: christianaid.org.uk/nigeria

Contents

Cover: Front view of Primary Health Center, Oye Achina, Aguata

Photographs: ADCHUS – Aguata Diocesan Community Human Services

List of Tables

List of Figures

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AOS	Available on Site
BEmOC	Basic Emergency Obstetric Care
CAID	Christian Aid
CBHIS	Community Based Health Insurance Scheme
CDC	Community Development Committee
CHEW	Community Health Extension Workers
CHIS	Community Health Insurance Scheme
CHO	Community Health Officer
DRF	Drug revolving fund
EPI	Expanded programme on immunization
FP	Family Planning
Gen.	General
HIV	Human immunodeficiency Virus
HMIS	Health Management Information System
HTN	Hypertension
IMCI	Integrated management of childhood illness
IMPAC	Integrated Management of Pregnancy and Childbirth
IPT	Intermittent Preventive Treatment
IUCD	Intrauterine contraceptive device
JCHEW	Junior Community Health Extension Workers
Lab.	Laboratory
LGA	Local Government Area
Maint.	Maintenance
MCH	Maternal and Child Health
MoH	Ministry of Health
MSS	Midwives Service Scheme
NPHCDA	National Primary Health Care Development Agency
OIC	Officer in Charge
PHC	Public Health Centre
PMTCT	Prevention of mother to child transmission
RDT	Rapid Diagnostic Test
RPR	Rapid Plasma Reagin
SCHH	Strengthening Community health and HIV
TB	Tuberculosis
VDRL	Venereal Disease Research Laboratory

Executive summary

Christian Aid (CAID) works in four Nigeria states- Kaduna, Plateau, Benue, Anambra- and the FCT to improve the health of poor and marginalized people, particularly women, children and people with compromised immunity. CAID works with its partners in ways that strengthens community-based health systems so as to increase the accessibility, affordability and quality of public and private healthcare.

CAID also work to increase the accountability of duty bearers and the involvement of rights holders in health policy formulation, budget allocation and oversight of primary healthcare facilities in line with national policy.

As part of efforts in strengthening community health systems through quality improvement, accessibility and sustainability of health services, CAID embarked on facility assessments in four (Benue, Anambra, Kaduna and Plateau) states and the FCT where its partners are implementing community health programmes.

This report provides an analysis of the status of PHCs supported by CAID in Anambra State, in terms of services, infrastructure and human resource capacities in relation to the national standard. The findings of this report would help CAID in engaging relevant government authorities for health care planning and resourcing.

The assessment covered a total of 9 health facilities serving communities where CAID partners' works across 2 LGAs; Aguata LGA with 6 facilities and Orumba North LGA with 3 facilities. Under the supervision of a consultant, data was collected using quantitative and qualitative data collection tools which include Service Availability and Readiness Assessment (SARA) and Service Availability Mapping (SAM) tools, and client exit interviews.

Findings from this assessment show that:

- Five (5) facilities were relatively in good conditions structurally. Six (6) facilities (Model PHC, Awalasi Uga; Model PHC, Ebele Achina; Model PHC, Ora-eri; PHC, Obinagu Ndiowu, PHC Awa and PHC, Ubaha Ndiowu) require major renovations while 3 (Model PHC, Nkpologwu; Model PHC, Oye Achina and Model PHC, Umuoru Uga) require minor renovations.

- Regarding accommodation for staff, only 3 facilities (Model PHC, Nkpologwu; PHC Awa and PHC, Obinagu Ndiowu) have provision for accommodation for their staff.

- Most of the facilities are also faced with challenges of power supply. Most of the assessed facilities utilize alternate power sources like solar power supply and generator. All except 2 facilities (PHC, Obinagu Ndiowu and PHC, Ubaha Ndiowu) were found connected to the national power grid.

- There are challenges of access to clean water in most of the facilities. Most of the facilities do not have access to clean water within their premises. As high as 6 facilities make use of rain water as their main source of water supply.

- The referral system is also not in good condition as there is no single ambulance in any of the PHCs for emergency transport responses.

- 3 of the facilities (Model PHC, Awalasi Uga; Model PHC, Umuoru Uga and PHC Awa) do not have access roads and there is only 1 tarred road leading to Model PHC, Oye Achina.

- There were insufficiencies in the number of professional health workers in the facilities. There were no medical officers available across the PHCs except in PHC Awa. However, 1 nurse/midwife was found in each PHC except in PHC, Obinagu Ndiowu and PHC, Ubaha Ndiowu.

- For training and capacity building needs, all the facilities assessed have staff that had been trained on diagnosis and treatment of malaria and Intermittent Preventive treatment (IPT) of malaria in pregnancy. Also, 5 facilities have staff who had received training on family planning while 8 facilities have staff who had never received training on antenatal care.

- Free MCH scheme was available in 5 of the 9 facilities assessed. Safe motherhood demand side initiative was present in 6 while drug revolving fund was found in 1 of the PHCs assessed.

- Regarding the availability of registers, none of the facilities has the HMIS software while only 3 have and use monthly pharmaceutical/laboratory inventory registers.

- Regarding family planning services, 3 of the facilities do not provide combined oral contraceptive pills services while all except 1 provide routine in-patient care and IUCD insertion services.

- There was a noticeable increase in utilization figures over a period of 4 years (2010 – 2014) across service areas like antenatal, deliveries, post natal, under-5 services, out-patient (>10 years) and immunization.

- Majority of the clients across the 9 facilities said they had enough privacy during visit and were satisfied with the attitude of the health workers.

Based on these findings, it is recommended that:

- A hub and spoke model for service delivery should be created among the supported facilities for effectiveness and efficiency. Based on infrastructure and staff availability, certain facilities should be designated for basic out-patient services while others be supported and staffed to be able to provide 24 hour MCH services.

- Emergency transportation services should be functional, available and sufficient to meet the needs of the catchment areas these facilities serve. These services should be well structured to include a formal referral network and implementation support.

- The facilities that were found in deplorable states should be considered for renovation whilst attending to the accommodation needs of staff based on the national minimum standards as this will improve health care delivery in these facilities.

- Capacity to conduct basic investigations should be strengthened with the use of rapid test kits where available and appropriate. Laboratories should be refurbished so that its services can be accessed through all the facilities on/off site to improve quality health care delivery and reduce delay in accessing appropriate treatment.

- Appropriate national and state-level structures and agencies should be engaged to improve programme coverage. These structures include SURE-P, MSS, NHIS and other initiatives.

- Innovative approaches can also be explored in the different LGAs such as community-driven drug revolving funds, having structured partnerships with local pharmacies/PPMVs to ensure affordable and regular availability of commodities at the PHC point etc.

- The delivery and postnatal services should be improved upon whether the through the use of incentives, conditional cash transfers, etc.

- Training (clinical and non-clinical issues) should be provided for all cadres of staff across the PHCs.

- Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards. Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the PHCs as it appears that they are often left out in training matters.

Background

Anambra State Profile

Anambra State is situated in South-East zone of the country. Anambra State was created in 1976 from the then of East Central State by the regime of General Murtala Mohammed with capital at Enugu. A further state creation exercise by the then regime of General Ibrahim Babangida on 27th August 1991 divided Anambra into two states, Anambra and Enugu. The capital of present day Anambra State is Awka. It is 98% of Igbo population and 2% Igalas.

Below: Map of Nigeria Showing Anambra State

It is bounded in the northeast by Enugu State, in the east by Enugu and Abia States, in the west by Delta while in the south and northwest by Imo and Kogi States respectively. Administratively Anambra is divided into 21 Local Government Areas (LGAs), 235 Health Districts, 330 wards and 177 communities based on 2006 census report. It has a total population of 4,177,828 persons made up of 2,117,984 males and 2,059,844 females.

In Anambra State, Christian Aid provides services to some communities through its partner-Aguata Diocesan Community Human Services (AD-CHUS).

Anambra State Health Profile

Health Facilities

There are 33 Secondary health facilities, 382 PHC's, 14 mission Hosp. 600 private Hosp. 186 Maternity Homes, 126 registered Pharmaceutical Premises, 9 Health Training Institutions, and 1500 licensed chemist shops. All the health facilities are well patronized by the populace.[1]

Health Workers in Anambra State

Anambra State has 562 medical doctors, 990 registered nurses/mid-wives, and 1,895 other trained workers such as CHEWs, CHOs, and community nurses. 173 records officers, 312 laboratory technicians/scientists and 11 pharmacy/technician pharmacists[2].

Ante-Natal Care (ANC)

According to NDHS 2013, 88.4% of pregnant women received ante-natal care from a skilled health provider, while 87.6% of women had their baby delivered by a skilled provider. 84.6% of pregnant women delivered in health facilities, 24.9% in public facility and 59.8% in private facilities[3].

Immunization Coverage

51.6% of children between ages 12 – 23 months received all basic immunizations which include: BCG, polio, DPT and measles[4].

[1] Anambra State Strategic Health Development Plan (2010-2015)

[2] Report of the Anambra: STATE-WIDE RAPID HEALTH FACILITY ASSESSMENT In Preparation for Elimination of Mother-to-Child Transmission of HIV, 2013 – Government of Anambra State and FHI 360

[3] NDHS 2013

[4] NDHS 2013

Malaria and Diarrhoea Diseases

As at 2008, the number of children under age 5 with diarrhoea is 708, 3.1% prevalence in the State. Malaria prevalence in the South- East region, between 6 – 59 months is 35.6%[5].

The percentage of households with at least one Long-lasting Insecticidal Net (LLIN) in the South East region is 55.1% while in Anambra State there are 45% of households. For the use of LLIN by persons in the household, 9.5% reportedly slept under an LLIN in Anambra State while 17.2% were reported in the South East region.

Knowledge of Family Planning and HIV/AIDS

11.7% of married women age 15–49 use a modern method of family planning, 9.8% and 15.1% of female and male respectively have comprehensive knowledge about HIV and AIDS[6].

Basic Profile of Facilities Assessed

The assessment covered primary health care facilities located within Christian Aid partners' communities of intervention in Anambra state. The table below shows the basic profile of facilities assessed.

Table 1: Basic profile of facilities assessed

LGAs	Name of Facility	Classification	Operating Hours	Sector	Number of communities they serve	Distance[7] between the facility and the farthest community	Catchment[8] area population
Orumba North	PHC Awa	Primary Health Centre	24 Hours	Rural	12	0.83 km	20,000
	PHC, Obinagu Ndiowu	Primary Health Centre	24 Hours	Rural	4	11 km	3,324
	PHC, Ubaha Ndiowu	Primary Health Centre	24 Hours	Rural	3	2.5 km	1,350
Aguata	Model PHC, Nkpologwu	Primary Health Centre	24 Hours	Rural	4	10 km	16,410
	Model PHC, Ora-eri	Primary Health Centre	24 Hours	Rural	5	10 km	22,786
	Model PHC, Umuoru Uga	Primary Health Centre	24 Hours	Rural	6	10 km	37,136
	Model PHC, Awalasi Uga	Primary Health Centre	24 Hours	Rural	3	15 km	34,000
	Model PHC, Oye Achina	Primary Health Centre	8 Hours (8.00am – 4.00pm)	Rural	14	0.75km	85,000
	Model PHC, Ebele Achina	Primary Health Centre	8 Hours (8.00am – 4.00pm)	Rural	9	15 km	13,258

Key: PHC- Primary Health Centre

[5] Nigeria Malaria Fact Sheet, 2011

[6] Nigeria Demographic and Health Survey 2013

[7] Values were obtained from the LGAs

[8] Values were obtained from the LGAs.

Key findings

Infrastructural and Human Resource Capabilities

Infrastructure

Presented in this section is information on the availability of the various infrastructures required for seamless provision of health care to the respective target populations.

Among all the facilities assessed during the survey, 6 out of the 9 PHCs appeared not to be in good conditions. It was also observed that 3 facilities (Model PHC, Nkpologwu, Model PHC, Oye Achina and Model PHC, Umuoru Uga) require minor renovations while 6 (Model PHC, Awalasi Uga, Model PHC, Ebele Achina, Model PHC, Ora-eri, PHC, Obinagu Ndiowu, PHC Awa and PHC, Ubaha Ndiowu) need major renovations.

Below: Staff Quarters-PHC Oye Achina

Below: Similar system of water supply across the PHCs

Furthermore, only 3 out of 9 of the assessed facilities provide accommodations for their staff in line with the minimum standard for PHCs in Nigeria. In addition, only 6 facilities have access roads of which only 1 of these access roads are tarred. None of the PHCs have an ambulance for emergency transportation. However, 7 PHCs are connected to the national electricity grid.

In 6 facilities, rain water was found to be their main sources of water supply while only 1 (Model PHC, Oye Achina) was found to be without water source having no source of water within the premises. *(The summary table showing the extent of available infrastructure in the 9 facilities surveyed in the state is in the appendix table 1).* The table below shows the comparison of the facilities' infrastructure with NPHCDA basic standards.

Table 2: Comparison of the facilities' infrastructure with NPHCDA basic standard

LGA	Health facilities	Classifications	Physical infrastructure							Communication			Referral and emergency response	
			Wall in good condition	Roof in good Condition	Have delivery beds	Connected to the National electricity grid	Have an alternative Power source	Have motorized borehole	Have functional toilet facilities	Have a functioning Mobile telephone	Have a functioning computer	Have access to internet	Ambulance	Bicycle/motorcycle /tricycle
Orumba North	PHC Awa	Primary Health Centre	✖	✖	✓	✓	✓	✖	✖	✖	✖	✖	✖	✖
	PHC, Obinagu Ndiowu	Primary Health Centre	✓	✓	✓	✖	✓	✖	✓	✓	✖	✖	✖	✖
	PHC, Ubaha Ndiowu	Primary Health Centre	✖	✖	✓	✖	✖	✖	✓	✖	✖	✖	✖	✖
Aguata	Model PHC, Nkpologwu	Primary Health Centre	✖	✖	✓	✓	✖	✖	✓	✖	✖	✖	✖	✖
	Model PHC, Ora-eri	Primary Health Centre	✓	✖	✓	✓	✖	✖	✓	✖	✖	✖	✖	✖
	Model PHC, Umuoru Uga	Primary Health Centre	✓	✖	✓	✓	✖	✖	✓	✓	✖	✖	✖	✖
	Model PHC, Awalasi Uga	Primary Health Centre	✖	✓	✓	✓	✓	✖	✓	✖	✖	✖	✖	✖
	Model PHC, Oye Achina	Primary Health Centre	✓	✓	✖	✓	✖	✖	✖	✓	✖	✖	✖	✖
	Model PHC, Ebele Achina	Primary Health Centre	✖	✖	✓	✓	✖	✖	✓	✖	✖	✖	✖	✖

(✖ - Standard not met, ✓- Standard met)

Basic Equipment

This subsection outlines the basic equipment available across all the facilities visited across all the CAID supported communities in Anambra State

Table 3: Basic equipment available across all the facilities

LGAs	Health Facilities	Classification	Blood Pressure Machine or Cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility	Infusion kits for intravenous solution	Needle holder	Scalpel handle with blade	Retractor	Surgical scissors	Nasogastric Tubes 10-16 FG	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult	Self-inflating bag and mask for resuscitation-paediatrics	Micro-nebulizer	Equipment to measure oxygen saturation	Oxygen distribution system	Commodity stock-out in last one month
Aguata	Model PHC, Awalasi Uga	Primary Health Centre	AF	NA	AF	AF	AF	AF	NA	AF	NA	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	AF
	Model PHC, Ebele Achina	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	AF
	Model PHC, Nkpologwu	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	AF	NA	NA	AF	NA	NA	NA	NA	NA	NA
	Model PHC, Ora-eri	Primary Health Centre	AF	AF	AF	AF	AF	NA	NA	AF	AF	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	AF
	Model PHC, Oye Achina	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	NR	NR	NA	AF	AF	NA	NA	NA	NA	NA	AF
	Model PHC, Umuoru Uga	Primary Health Centre	NA	NA	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	AF
Orumba north	PHC Awa	Primary Health Centre	NA	AF	AF	NA	AF	AF	AF	AF	AF	AF	AF	NA	NA	AF	NA	NA	NA	NA	NA	AF
	PHC, Obinagu Ndiowu	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	AF
	PHC, Ubaha Ndiowu	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	AF

AF- Available and Functional, NA- Not Available, NR- No Response, Y- Yes, N- No.

From the table above, blood pressure machine is available in 7 of the PHCs in the state but not available in 2 of them (Model PHC, Umuoru Uga and PHC Awa). Stethoscope is available and functional in 6 facilities while the adult weighing scale is available and functional in all the facilities. 7 out of the 9 PHCs have functional infant scale. None of the facilities has micro nebulizer, equipment to measure oxygen saturation, oxygen distribution system and self-inflating bag or mask for resuscitation for paediatrics. However, only Model PHC, Ora-eri has a functional self-inflating bag and mask for resuscitation for adult. Latex gloves are not available in 2 PHCs namely Model PHC, Awalasi Uga and Model PHC, Ebele Achina.

Table 4: Comparison of the facilities' basic equipment with NPHCDA basic standard

LGAs	Health Facilities	Classification	Blood pressure machine or cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility such as lamp or flash light for patient examination	Needle holder	Scalpel handle with blade	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult (Ambubag)	Self-inflating bag and mask for resuscitation-paediatrics (Ambubag)
Aguata	Model PHC, Awalasi Uga	Primary Health Centre	✖	✓	✓	✖	✓	✓	✓	✓	✖	✓	✖	✖
	Model PHC, Ebele Achina	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✖	✓	✓	✖	✖
	Model PHC, Nkpologwu	Primary Health Centre	✓	✓	✓	✓	✓	✓	✖	✖	✓	✖	✖	✖
	Model PHC, Ora-eri	Primary Health Centre	✓	✓	✓	✓	✓	✓	✖	✖	✖	✓	✖	✖
	Model PHC, Oye Achina	Primary Health Centre	✓	✓	✓	✓	✓	✖	✓	✓	✖	✓	✓	✖
	Model PHC, Umuoru Uga	Primary Health Centre	✖	✖	✓	✓	✓	✓	✖	✖	✓	✓	✖	✖
Orumba north	PHC Awa	Primary Health Centre	✓	✖	✓	✓	✓	✓	✓	✖	✓	✓	✖	✖
	PHC, Obinagu Ndiowu	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖
	PHC, Ubaha Ndiowu	Primary Health Centre	✓	✓	✓	✓	✓	✓	✖	✖	✓	✓	✖	✖

Human Resources

The human resource capacities of the PHCs were captured to determine the efficiency of health service delivery in the communities.

It was observed that only 1 facility (PHC Awa) had a medical officer and 2 facilities (PHC, Obinagu Ndiowu and PHC, Ubaha Ndiowu) had no staff nurse/midwife. Only PHC, Ubaha Ndiowu has 1 CHO, 4 facilities had 1 CHEW each (PHC Awa, PHC, Obinagu Ndiowu, Model PHC, Umuoru Ug and Model PHC, Awalasi Uga) and 4 with JCHEWs (PHC Awa, PHC, Obinagu Ndiowu, Model PHC, Nkpologwu and Model PHC, Oye Achina).

None of the facilities visited had any pharmacy technician, laboratory technician, environmental officer or medical record officer. The table below summarizes the human resource findings from all the visited facilities in the state.

Table 5: Human resources

LGA	Health Facilities	Classification	Medical officers	Staff Nurse/ Midwife	CHO	CHEW	JCHEW	Pharmacist	Pharm. Tech.	Lab. Tech.	Environ. officer	Medical Records Officer	Health Attendant	Transport personnel	Security personnel	Cleaners (Gen. Maint)	Laundry (Gen. Maint)	Gardeners (Gen. Maint)
Orumba North	PHC Awa	Primary Health Centre	1	1	0	1	1	0	0	0	0	0	1	0	1	2	0	1
	PHC, Obinagu Ndiowu	Primary Health Centre	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0
	PHC, Ubaha Ndiowu	Primary Health Centre	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Aguata	Model PHC, Nkpologwu	Primary Health Centre	0	1	0	0	1	0	0	0	0	0	0	0	0	2	0	0
	Model PHC, Ora-eri	Primary Health Centre	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Model PHC, Umuoru Uga	Primary Health Centre	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	Model PHC, Awalasi Uga	Primary Health Centre	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0
	Model PHC, Oye Achina	Primary Health Centre	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0
	Model PHC, Ebele Achina	Primary Health Centre	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

In the table below is an outline of the various facilities assessed, their human resources capacities and their comparison with the NPHCDA standard

Table 6: Comparison of the facilities' human resources with NPHCDA basic standard

LGA	Health Facilities	Classification	Human Resources											
			Medical officers (1)	Staff Nurse/Midwife (4)	CHO (1)	CHEW (3)	JCHEW (6)	Pharmacy Technician (1)	Lab. Tech. (1)	Environ. Officer (1)	Medical Records Officer (1)	Health Attendants (2)	Security personnel (2)	General Maint. Staff (1)
Orumba North	PHC Awa	Primary Health Centre	✓	×	×	×	×	×	×	×	×	×	×	✓
	PHC, Obinagu Ndiowu	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	×
	PHC, Ubaha Ndiowu	Primary Health Centre	×	×	✓	×	×	×	×	×	×	×	×	×
Aguata	Model PHC, Nkpologwu	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	✓
	Model PHC, Ora-eri	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	×
	Model PHC, Umuoru Uga	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	×
	Model PHC, Awalasi Uga	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	×
	Model PHC, Oye Achina	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	✓
	Model PHC, Ebele Achina	Primary Health Centre	×	×	×	×	×	×	×	×	×	×	×	×

× - Standard not met, ✓ - Standard met

Training and Capacity Building Needs

The availability of skills required to carry-out specific tasks effectively was analysed across the PHCs assessed in the Anambra State. It was found that 5 facilities have staff who had not received training on family planning while 8 has staff who had never received training on antenatal care. Furthermore, 4 facilities reported having staffs trained on Diabetes diagnosis. 2 PHCs have had no training on HIV testing and HIV & AIDS counselling while 3 facilities had no trained staff on Hypertension diagnosis and 1 on infant and young child feeding counselling. All the facilities assessed had staff trained on diagnosis and treatment of malaria and Intermittent Preventive treatment (IPT) of malaria in pregnancy. Some of the staff in the facilities assessed opined that there is need for staff training and re-training including refresher trainings. *(Please see appendix table 2 for detailed findings across the 9 facilities in the state)*

Table 7: Training and capacity building needs

Training domain	Anambra (N=9 facilities) N (%)
Health care waste management practices	2(22.2)
Family planning	4(44.4)
Antenatal care	8(88.9)
Infant and young child feeding counselling	8(88.9)
Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	2(22.2)
Integrated management of childhood illness (IMCI)	6(66.7)
Expanded programme on immunization (EPI)	8(88.9)
Promotion of proper nutrition and food education	7(77.8)
Modified Life Saving Skills	4(44.4)
Diagnosis and treatment of malaria	9(100.0)
Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	9(100.0)
Diagnosis and treatment of tuberculosis (including case management and tracing)	2(22.2)
HIV & AIDS counselling	7(77.8)
HIV testing	7(77.8)
Prevention of mother to child transmission (PMTCT) of HIV	4(44.4)
Management of TB/HIV co-infection	3(33.3)
Treatment of OIs	4(44.4)
Diabetes diagnosis	4(44.4)
Hypertension diagnosis	6(66.7)
Need for other training needs	6(66.7)

Status of Available Services

This section expresses the services provided across the 10 facilities in supported facilities within the FCT. It shows the capability of the supported facilities to provide the minimum required services to their catchment communities.

It was observed that 3 of the facilities assessed (Model PHC, Nkpologwu; Model PHC, Awalasi Uga and Model PHC, Ebele Achina) do not provide combined oral contraceptive pills services. However, all the facilities except Model PHC, Ebele Achina, were found to provide routine in-patient care. IUCD insertion services are provided only by PHC Awa. Furthermore, all the 9 facilities provide counseling and motivation for FP uptake; conduct antenatal care and malaria services (including distribution of insecticide treated bed net) to patients, their families and households. (Please see appendix table 3 for detailed findings).

Table 8: Available services

Available Services	Anambra (N=9 facilities) N (%)
Routine in-patient care	8 (88.9)
Availability of dedicated delivery beds	8 (88.9)
Available modern methods of family planning	7 (77.8)
Combined oral contraceptive pills	5 (55.6)
Injectable contraceptives	6 (66.7)
Insertion of IUCD	1 (11.1)
Condoms (male and females)	6 (66.0)
Counselling and motivation for FP uptake	9 (100.0)
Availability of antenatal services	9 (100.0)
Availability of obstetric care services	7 (77.8)
Availability of new-born care services	8 (88.9)
Availability of child health services	9 (100.0)
Availability of malaria services	9 (100.0)
Distributes insecticide treated bed net distribution to patients, their families and households	9 (100.0)
Availability of TB services	2 (22.2)
Facility designated as Directly Observed Treatment centres	2 (22.2)
Availability of HIV & AIDS services	6 (66.7)
Availability of youth friendly services	2 (22.0)
Availability of sexually transmitted infections (STIs)	2 (22.2)
Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?	7 (77.8)

Table 9: Comparison of the facilities' available services with NPHCDA basic standard

LGA	Health Facilities	Classification	ANC	Deliveries	Post-natal	Family planning	Immunization	HIV/AIDS services	STI services	Malaria treatment	TB services	Laboratory Services	Pharmacy section	Operating hours (24 hours)
Orumba North	PHC Awa	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	×	✓
	PHC, Obinagu Ndiowu	Primary Health Centre	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓
	PHC, Ubaha Ndiowu	Primary Health Centre	✓	×	✓	✓	✓	✓	×	✓	×	✓	✓	✓
Aguata	Model PHC, Nkpologwu	Primary Health Centre	✓	✓	✓	×	✓	×	✓	✓	×	×	✓	✓
	Model PHC, Ora-eri	Primary Health Centre	✓	✓	✓	×	✓	✓	×	✓	×	✓	✓	✓
	Model PHC, Umuoru Uga	Primary Health Centre	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓
	Model PHC, Awalasi Uga	Primary Health Centre	✓	✓	✓	✓	✓	×	×	✓	×	✓	×	✓
	Model PHC, Oye Achina	Primary Health Centre	✓	✓	✓	✓	✓	×	×	✓	×	✓	×	×
	Model PHC, Ebele Achina	Primary Health Centre	✓	×	×	✓	✓	✓	×	✓	×	✓	×	×

Laboratory Services

Laboratory services are one of the service areas considered during the survey. The detailed analysis on the availability of various laboratory tests in all the 10 facilities assessed is presented in this section.

Table 10: Laboratory services

Services	Anambra (N=9 facilities)		
Laboratory Tests	**AOS[9], from others N (%)**	**AOS[10], facility only N (%)**	**NR N (%)**
Glucose - dipstick	1 (11.1)	3 (33.3)	0 (0.0)
Glucose - manual method	0 (0.0)	1 (11.1)	0 (0.0)
Glucose - glucometer	1 (11.1)	1 (11.1)	1 (11.1)
Pregnancy testing by urine rapid test	2 (22.2)	6 (66.6)	0 (0.0)
Hemoglobin (Hb) estimation automatic hemoglobinometer	1 (11.1)	2 (22.2)	0 (0.0)
Hb estimation by manual method	0 (0.0)	3 (33.3)	2 (22.2)
CD4 count - absolute	0 (0.0)	0 (0.0)	0 (0.0)
CD4 count - percentage	0 (0.0)	0 (0.0)	0 (0.0)
Malaria thick films	0 (0.0)	1 (11.1)	0 (0.0)

AOS – Available on site, AOfS – Available off site, NR – No response

Under-five Specialized Services

This section speaks to basic under-five services that the facilities in the supported communities provide regularly to under-five children.

Table 11: Available services for under five children

Available Services	Anambra (N=9 facilities) N%	
	Available	
	Yes	**NR**
Routine Vitamin A supplementation	9 (100)	0 (0.0)
Iron supplementation	9 (100)	0 (0.0)
Growth monitoring	9 (100)	0 (0.0)
Treatment of child malnutrition	7 (77.8)	0 (0.0)
Zinc supplementation	6 (66.7)	0 (0.0)
Immunization services	9 (100.0)	0 (0.0)
Are Measles, DPT-HB, Polio and BCG vaccines available?	7 (77.8)	0 (0.0)

NR – No response

Service Support Programmes and Schemes

The programmes and schemes (donor-funded or government –supported) that are available across the CAID –supported communities and are supporting the PHCs as required are captured in this section. From the findings, Free MCH scheme is available in more than half of the total facilities assessed in the State (55.6%). Safe motherhood demand side initiative was found to be present in close to 70% of the facilities (66.7%), while drug revolving fund was found operative in less than 20% (11.11%) of the PHCs assessed.

[9] AOS (available onsite) from others means that the facility also receives samples for analyses from other facilities in-order to help them analyze.

[10] AOS facility only means that these facilities only analyze samples collected within and do not analyze samples from other facilities.

The table below outlines the available scheme/programmes across the facilities in Anambra state. *(See appendix table 4 for facility-specific details).*

Table 12: Service support programmes (summary in the state)

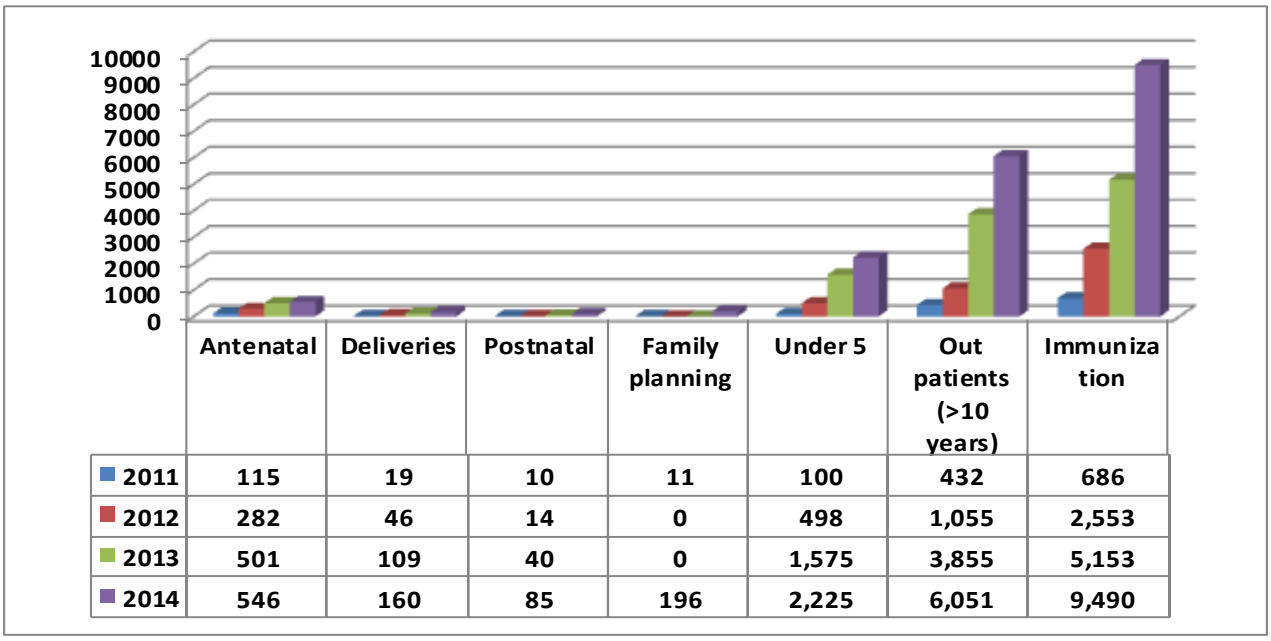
Service Support Programmes	Anambra (N=9 facilities) N (%)
	Available
Drug revolving fund	1 (11.1)
Free MCH	5 (55.6)
SURE-P MCH	1 (11.1)
MSS	1 (11.1)
Community Based Health Insurance (Fund)	0 (0.0)
Safe Motherhood Demand Side Initiative	6 (66.7)
Other programmes being implemented	3 (33.3)

Utilization and Service Delivery

Service Utilization Trends

This section shows the progress recorded in the areas of service utilization of healthcare services across the various CAID supported PHCs in Anambra State over a period of 4 years. The table below shows the total utilization of the various services across the 9 facilities in the state. *(The detailed analysis of utilization across the 9 PHCs in the State is found in the appendix table 5).*

Figure 1: Service Utilization Trends



	Antenatal	Deliveries	Postnatal	Family planning	Under 5	Out patients (>10 years)	Immunization
2011	115	19	10	11	100	432	686
2012	282	46	14	0	498	1,055	2,553
2013	501	109	40	0	1,575	3,855	5,153
2014	546	160	85	196	2,225	6,051	9,490

According to the chart above, there is a noticeable increase in utilization figures over the period of 4 years across service areas like: antenatal, deliveries, post natal, under-5 services, out-patient (>10 years) and immunization. No family planning services were offered in 2012 and 2013 while 2011 and 2014 recorded 11 and 196 respectively for family planning services.

Health Management Information System

This section highlights the availability of required documentations for proper running of facilities including HMIS reporting. The table below identifies the availability of the various sources of information for HMIS, and Monitoring and Evaluation.

Table 13: HMIS and M & E report

LGAs	Health Facilities	Classification	Storage Facility for Documents	Disease Notification form	Referral Form	Functional Two-way referral	HMIS Software	Dedicated trainer officer	Availability of essential Drug List	Presence of Pharmacy Section	Shelves in the Pharmacy section	Drugs properly arranged in the Pharmacy	Room Thermometer available	Bin card	Daily dispensing registers	Requisition books	Monthly Pharmaceutical /Laboratory inventory	Updated Inventory control/stock cards	Minimum Re-order level for drugs stocked	Experience of Stock-out in the last month
Orumba North	Model PHC, Awalasi Uga	Primary Health Centre	NA	AS	NA	NA	NA	NR	NR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Y
	Model PHC, Ebele Achina	Primary Health Centre	NA	AA	NA	NA	NA	NA`	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	NA	Y
	Model PHC, Nkpologwu	Primary Health Centre	AS	AA	AS	NA	NA	NR	AA	AA	AA	NA	NA	AA	AA	AA	AA	AA	AA	N
Aguata	Model PHC, Ora-eri	Primary Health Centre	NA	AA	AA	AA	NA	AA	NR	AA	AA	AA	NA	AA	NA	NA	NA	NR	NR	Y
	Model PHC, Oye Achina	Primary Health Centre	NA	AA	AA	AA	NA	NR	AA	NA	NR	NR	NR	AA	AA	AA	NR	AA	AA	Y
	Model PHC, Umuoru Uga	Primary Health Centre	AA	NA	AA	NA	NA	NA	AA	AA	AA	AA	NA	AA	NA	NA	NA	AA	AA	Y
	PHC Awa	Primary Health Centre	NA	AS	AA	AS	NA	NR	NR	NA	NR	NR	NR	AA	AA	AA	AA	AA	AA	Y
	PHC, Obinagu Ndiowu	Primary Health Centre	AA	AA	AS	AS	NA	AA	AA	AA	AA	AA	NA	AA	AA	AA	AA	NR	NA	Y
	PHC, Ubaha Ndiowu	Primary Health Centre	NA	NA	NA	NA	NA	NA	NR	AA	AA	NA	AA	NA	NA	NA	NA	AA	AA	Y

AA – Available and Adequate, AS – Available Sometimes, NA – Not Available, NR – No response, Y – Yes, N - No

Across all CAID supported facilities assessed in Anambra state, no facility visited has the HMIS software while only 3 (Model PHC, Nkpologwu, PHC Awa and PHC, Obinagu Ndiowu) were able to demonstrate the availability and use of a monthly pharmaceutical/laboratory inventory register. According to the OICs of these facilities, referral forms are always available in only 4 health facilities while disease notification forms were reported not-always-available in 5 health facilities. In addition, 4 of the facilities have requisition books while only room temperature thermometer is only available in 1 (PHC, Ubaha Ndiowu). Regarding stock-out of drugs in the last one month, only 1 facility (Model PHC, Nkpologwu) did not experience stock-out. (*Please see the table above for more details).*

Below: Typical example of filling system across all the PHCs

Availability of Registers

The availability of registers was analyzed across the PHCs assessed in the state. The table below highlights the various registers available in these facilities.

Table 14: Registers available in the facilities visited

LGAs	Health Facilities	Classification	Outpatient register	Delivery Register	Antenatal Register	New-born register	Family Planning	Under 5 clinic Register	Immunization Register	Inpatient Register	Discharge summary
Orumba North	Model PHC, Awalasi Uga	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	AA
	Model PHC, Ebele Achina	Primary Health Centre	AA	AA	AA	NR	AA	AA	AA	AA	NR
	Model PHC, Nkpologwu	Primary Health Centre	AA	AA	AA	AA	NA	NA	AA	AS	NA
Aguata	Model PHC, Ora-eri	Primary Health Centre	AA	AA	AA	AA	AA	NA	AA	AA	NA
	Model PHC, Oye Achina	Primary Health Centre	AA	AA	AA	AA	AA	NR	AA	AA	NR
	Model PHC, Umuoru Uga	Primary Health Centre	AA	AA	AA	AA	AA	NA	AA	AS	NR
	PHC Awa	Primary Health Centre	AA	AA	AA	AA	NR	NA	AA	AA	NA
	PHC, Obinagu Ndiowu	Primary Health Centre	AA	AA	AA	AA	AA	NA	AA	AA	NA
	PHC, Ubaha Ndiowu	Primary Health Centre	NA	AA	AA	AA	AA	NA	AA	NA	NA

AA – Available and Adequate, NA – Not Available, NR – No Response

According to the table above, all the facilities assessed in Anambra State had delivery, antenatal and immunization registers. (Please see the table above for more details).

Standard Precautions for Infection Control

This section looks at the availability of simple but basic requirements for infection control/prevention.

Table 15: Basic requirements for infection control/prevention

LGAs	Health Facilities	Classification	Wash-hand basins	Soap	Environmental disinfectant such as bleach or alcohol	Protective shoes	Latex gloves	Medical masks	Needles and syringes
Orumba North	Model PHC, Awalasi Uga	Primary Health Centre	AF	AF	NA	NA	NA	NA	NA
	Model PHC, Ebele Achina	Primary Health Centre	AF	AF	NA	NA	NA	NA	AF
	Model PHC, Nkpologwu	Primary Health Centre	AF	AF	AF	NA	AF	AF	AF
Aguata	Model PHC, Ora-eri	Primary Health Centre	AF	NR	AF	AF	AF	NA	AF
	Model PHC, Oye Achina	Primary Health Centre	AF	AF	AF	NA	AF	AF	AF
	Model PHC, Umuoru Uga	Primary Health Centre	AF	AF	NA	NA	AF	NA	AF
	PHC Awa	Primary Health Centre	AF	AF	AF	NA	AF	AF	NA
	PHC, Obinagu Ndiowu	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	PHC, Ubaha Ndiowu	Primary Health Centre	AF	AF	AF	AF	NA	NA	AF

AF- Available and Functional, NA- Not

Other Service Delivery Issues: Client Perspective and Community Involvement

Clients Perspective

Waiting Time

This section addresses the perception of clients regarding the quality of services (waiting time specifically) received from the facilities across all the CAID supported health facilities in Anambra state.

Table 16: Waiting time before consultation by a health worker (minutes)

LGA	Health Facilities	Classification	0 - 30	31 - 60	91 - 120	161 - 190	No response
Aguata	Model PHC, Awalasi Uga	Primary Health Centre	4	0	0	0	0
	Model PHC, Ebele Achina	Primary Health Centre	3	0	0	0	1
	Model PHC, Nkpologwu	Primary Health Centre	4	0	0	0	0
	Model PHC, Ora-eri	Primary Health Centre	4	0	0	0	0
	Model PHC, Oye Achina	Primary Health Centre	4	0	0	0	0
	Model PHC, Umuoru Uga	Primary Health Centre	4	0	0	0	0
Orumba North	PHC Awa	Primary Health Centre	3	1	0	0	0
	PHC, Obinagu Ndiowu	Primary Health Centre	4	0	0	0	0
	PHC, Ubaha Ndiowu	Primary Health Centre	4	0	0	0	0
	Total		**34**	**1**	**0**	**0**	**1**

Cost of Health Care (NGN)

This section shows the total cost (NGN) of receiving care across all the facilities on the last day of visit. This cost includes registration, drugs and laboratory tests.

Table 17: Total cost of health care on the day of visit (NGN)

LGA	Health Facilities	Classification	0 - 500	501 - 1000	1001 - 1500	1501 - 2000	2001+
Aguata	Model PHC, Awalasi Uga	Primary Health Centre	2	2	0	0	0
	Model PHC, Ebele Achina	Primary Health Centre	3	1	0	0	0
	Model PHC, Nkpologwu	Primary Health Centre	2	2	0	0	0
	Model PHC, Ora-eri	Primary Health Centre	3	0	1	0	0
	Model PHC, Oye Achina	Primary Health Centre	4	0	0	0	0
	Model PHC, Umuoru Uga	Primary Health Centre	2	2	0	0	0
Orumba North	PHC Awa	Primary Health Centre	3	0	0	0	1
	PHC, Obinagu Ndiowu	Primary Health Centre	1	1	2	0	0
	PHC, Ubaha Ndiowu	Primary Health Centre	3	1	0	0	0
	Total		**23**	**9**	**3**	**0**	**1**

Perception of Service Delivery

This section looks at how clients see the disposition of health workers towards them at their last visit. Responses received, though varying are encouraging.

All respondents opined that they had enough privacy during visit, that the health workers explained the current conditions of the clients, were courteous and respectful, and spent sufficient amount of time. (*The table below shows the overall responses to the attitude of health workers across the facilities visited from the clients' point)*.

Table 18: The attitude of health workers across the facilities visited from the clients' point

LGA	Health Facilities	Classification	Health workers are courteous and respectful			Health workers explained the condition of clients'			Waiting time to be seen by a health provider is reasonable			Had enough privacy during visit			Health workers spent sufficient amount of time			Opening hours meet the clients' needs			Health workers are thorough and careful			Health workers care about your health			Trust in skills and abilities of health workers			Health workers are friendly and approachable		
			A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR
Aguata	Model PHC, Awalasi Uga	Primary Health Centre	4	0	0	4	0	0	3	0	1	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	**4**	0	0
	Model PHC, Ebele Achina	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	**4**	0	0
	Model PHC, Nkpologwu	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	3	0	1	**4**	0	0
	Model PHC, Ora-eri	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	**4**	0	0
	Model PHC, Oye Achina	Primary Health Centre	4	0	0	4	0	0	4	0	0	3	0	1	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	**3**	0	1
	Model PHC, Umuoru Uga	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	**4**	0	0
Orumba North	PHC Awa	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	**4**	0	0
	PHC, Obinagu Ndiowu	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	3	0	1	4	0	0	4	0	0	4	0	0	**4**	0	0
	PHC, Ubaha Ndiowu	Primary Health Centre	4	0	0	4	0	0	4	0	0	3	0	1	4	0	0	4	0	0	3	0	1	4	0	0	3	0	1	**4**	0	0
	Total		**36**	**0**	**0**	**36**	**0**	**0**	**35**	**0**	**1**	**34**	**0**	**2**	**36**	**0**	**0**	**35**	**0**	**1**	**35**	**0**	**1**	**36**	**0**	**0**	**34**	**0**	**2**	**35**	**0**	**1**

Community Involvement

In Anambra State, findings show that the 2 LGAs do participate in CDC meetings of their target communities. Furthermore, across these CAID supported sites, CDCs from the 2 LGAs were reported participating actively in community outreach services organized by facilities domiciled in their respective LGAs. Also, across the supported communities, CDCs in 1 LGA contribute towards outreach activities being conducted within their communities by their respective LGAs.

As a means of feedback, most LGAs in the State have a mechanism of communicating challenges, success stories etc. to the state from the communities and vice versa. In addition, the 2 LGAs do provide feedback to their communities mostly through monthly review meetings at the LGA secretariat where officers of the various CDCs are invited for feedback.

Emerging Issues

Infrastructure and Human Resource Capacities

Infrastructure

In all 6 facilities (Model PHC, Awalasi Uga, Model PHC, Ebele Achina, Model PHC, Ora-eri, PHC, Obinagu Ndiowu, PHC Awa and PHC, Ubaha Ndiowu) require major renovations.

6 facilities have access roads with only 1 (Model PHC, Oye Achina) of them tarred. None of the PHCs have an ambulance for emergency transportation.

Most of the facilities (6) rely on rain water as their main source of water supply while some (e.g. Model PHC, Oye Achina) have no source of water within its premises. Regarding sanitation issue, 1 facility (Model PHC, Oye Achina) has no toilet facility while only 1 (Model PHC, Ora-eri) makes use of the flush type of toilet. PHC Awa has a pit latrine type of toilet.

Human Resources

Inadequate human resource is a critical and cross-cutting challenge. Most of the PHCs assessed in Anambra do not meet the required NPHCDA standards for human resources which will in turn, undermine the effectiveness of health service delivery in the PHCs. In addition, only 1 facility (PHC Awa) has a medical officer while other facilities (PHC Obinagu Ndiowu and PHC, Ubaha Ndiowu) have no staff nurse/midwife.

PHC Awa, PHC, Obinagu Ndiowu, Model PHC, Umuoru Uga and Model PHC, Awalasi Uga all have 1 CHO each and same goes for PHC Awa, PHC, Obinagu Ndiowu, Model PHC, Nkpologwu and Model PHC, Oye Achina with 1 JCHEW each.

None of the facilities visited had any pharmacy technician, laboratory technician, environmental officer or medical record officer.

Many of the staff in the facilities do not have basic training on family planning and antenatal care. Also, only 4 facilities have trained staff on Diabetes diagnosis. Furthermore, 2 PHCs have no training on HIV testing and HIV & AIDS counselling while 3 facilities have no trained staff on hypertension diagnosis and 1 on infant and young child feeding counselling. In the assessed facilities, it appears there is a huge capacity gap amongst most healthcare personnel across the facilities.

Status of Available Services

This research reveals all the assessed facilities as providing routine in-patient care except 1 (Model PHC, Ebele Achina). Regarding the provision of combined oral contraceptives, only 3 facilities (Model PHC, Nkpologwu; Model PHC, Awalasi Uga and Model PHC, Ebele Achina) do not offer the service, with only 1 facility (PHC Awa) offering IUCD insertion services.

For laboratory services, none of the facilities offer or have access to CD4 count services off-site. However, only 1 facility offers malaria thick films services onsite.

Utilization and Service Delivery

The utilization figures of services such as antenatal, deliveries, post natal, under five services, outpatient (>10 years) and immunization increased from 2011 to 2014 except for family planning which recorded 0 client in 2012 and 2013.

Other Service Delivery Issues: Client Perspective and Community Involvement

Majority of the clients across the 9 assessed facilities trusts in the skills and abilities of health workers in these facilities. They also are of the opinion that they enjoyed their encounter with the health workers given to the fact that the health workers are courteous and respectful. During visits, clients reported being accorded enough privacy and that the health workers are thorough and careful.

It is however worthy of notes that, across the facilities, most clients wait for between 0 and 30 minutes before being attended to by health workers.

Recommendations

Infrastructure and Human Resource Capacities

Create a hub and spoke model for service delivery among supported facilities. Based on infrastructure and staff availability, certain facilities should be designated for basic out-patient services while others designated (supported and staffed) to provide 24 hour MCH services. This will ensure compliance to NPHCDA and other clinical standards governing service delivery.

To support the hub and spoke model, emergency transportation services must be functional, available to and sufficient for facilities within defined catchment areas. These services must be well structured to include a formal referral network and implementation support.

There is need to employ and deploy motivated workforce to the healthcare facilities across these communities as this is negatively affecting the demand and supply of life saving services and interventions like malaria, hypertension, diabetes, MNCH outreach services etc.

Status of Available Services

Capacity to conduct basic investigations should be strengthened with the use of rapid test kits where available and appropriate. This should include approved kits with high sensitivity and specificity.

Also, new innovative approaches and technologies such as blood grouping test kits and MCH combo test kits which combine multiple tests (hepatitis, syphilis and blood group required for ANC) should be explored.

Appropriate national and state-level structures and agencies like SURE-P, MSS, NHIS and other initiatives should be engaged to improve programme coverage.

For laboratory services, CD4 count – absolute and CD4 count – percentage should be made available in the facilities or in others off-site.

Utilization and Service Delivery

Commodity logistics need to be strengthened. Appropriate government structures need to be engaged in partnership with the State and non-government organizations.

Innovative approaches can also be explored in the different LGAs such as structured, community-driven drug revolving funds in partnerships with local pharmacies/PPMVs to ensure affordable and regular availability of commodities at the PHC point.

Other Service Delivery Issues: Client Perspective and Community Involvement

Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards.

Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the PHCs as it appears that they are often left out in training matters.

Government should participate actively in CDC meetings, by so doing; both parties will be able to hold each other accountable.

Conclusion

Health worker-client ratios and availability of functional equipment in the facilities require urgent attention to enable them meet up with the healthcare needs of the communities they serve in line with national basic standards. In addition, training and capacity building needs of all cadres of staff should also be of a high priority.

Most of the facilities assessed do not have the HMIS software or its related accessories. This may mean that records of their activities do not feed into the national health care services' database. Going forward, all facilities assessed must be provided with the HMIS software and its accompanying computers and also training of record staff on its usage as this will enhance effective monitoring and evaluation across board.

Clients' perception on quality of care and the disposition of health workers seemed encouraging. Although, some clients opined that they had enough privacy during visit and that the health workers were courteous, respectful and also explained their current conditions satisfactorily to them. There is need for these set of health workers to be motivated by providing them a good work-environment.

Nevertheless, there is need for regular client satisfaction survey to ensure that the quality does not drop.

Finally, most of the assessed facilities in Anambra State require maximum support without which, they may not be able to meet up with the health care needs of their constituencies and the requirements of minimum National standards.

Appendix

Facility-specific Tables

Appendix table 1: Infrastructure and management

LGA	Health Facilities	Classification	Does this facility provide accommodation for staff in line with the minimum standard for PHC in Nigeria?	Does the facility have a functioning mobile telephone either private or supported by the facility?	Access Roads		Is there a sign post of the facility outside the building?	Does the building appear to be in good condition?	Renovation Required	Electricity Source		Water Source	Toilet Facility Type
					Available	Tarred				Central Grid	Others		
Aguata	**Model PHC, Awalasi Uga**	Primary Health Centre	N	N	N	N	Y	Y	MR	Y	FG	RW	PS
	Model PHC, Ebele Achina	Primary Health Centre	N	N	Y	N	Y	N	MR	Y	No	RW	PS
	Model PHC, Nkpologwu	Primary Health Centre	Y	N	Y	N	Y	NR	mR	Y	No	O	PS
	Model PHC, Ora-eri	Primary Health Centre	N	N	Y	N	Y	Y	MR	Y	No	DW	F
	Model PHC, Oye Achina	Primary Health Centre	N	Y	Y	Y	Y	Y	mR	Y	No	No	No
	Model PHC, Umuoru Uga	Primary Health Centre	N	Y	N	N	Y	Y	mR	Y	No	RW	PS
Orumba North	**PHC Awa**	Primary Health Centre	Y	N	N	N	Y	N	NR	Y	FG	RW	PL
	PHC, Obinagu Ndiowu	Primary Health Centre	Y	Y	Y	N	Y	Y	MR	N	FG	RW	PS
	PHC, Ubaha Ndiowu	Primary Health Centre	N	N	Y	N	Y	N	MR	N	No	RW	PS

Anambra State does not have any ambulance emergency transportation mode

Key: BH- Bore Hole, DW- Dug Well, F- Flush, FG- Fuel Generator, MR- Major Renovation, mR- Minor Renovation, N- No, No- None, NR- No Response, O- Others, PL- Pit Latrine, PS- Piped Sewer/ Septic Tank, RW- Rain Water, SS- Solar, Y- Yes

Appendix table 2: Training guidelines

LGAs	Health Facilities	Classification	Health care waste management practices	Family planning	Antenatal care	Infant and young child feeding counseling	Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	Integrated management of childhood illness (IMCI)	Expanded programme on immunization (EPI)	Promotion of proper nutrition and food education	Modified Life Saving Skills	Diagnosis and treatment of malaria	Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	Diagnosis and treatment of tuberculosis (including case management and tracing)	HIV & AIDS counseling	HIV testing	Prevention of mother to child transmission (PMTCT)	Management of TB/HIV co-infection	Treatment of OIs	Diabetes diagnosis	Hypertension diagnosis	Do you or members of staff have any other training
Aguata	Model PHC, Awalasi Uga	Primary Health Centre	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	NR
	Model PHC, Ebele Achina	Primary Health Centre	N	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	N	N	N	N	Y	Y
	Model PHC, Nkpologwu	Primary Health Centre	N	N	N	N	N	N	Y	Y	N	Y	Y	N	N	N	N	N	N	N	N	Y
	Model PHC, Ora-eri	Primary Health Centre	N	NR	Y	Y	N	Y	Y	Y	NR	Y	Y	N	Y	Y	Y	N	N	Y	Y	NR
	Model PHC, Oye Achina	Primary Health Centre	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	N	N	Y	NR
	Model PHC, Umuoru Uga	Primary Health Centre	N	N	Y	Y	N	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y
Orumba North	PHC Awa	Primary Health Centre	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
	PHC, Obinagu Ndiowu	Primary Health Centre	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
	PHC, Ubaha Ndiowu	Primary Health Centre	NR	N	Y	Y	NR	Y	Y	Y	N	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y

Y – Yes, N – No, NR – No Response

Appendix table 3: Available services across the facilities visited in the Anambra State

LGAs	Health Facilities	Classification	Routine in-patient care	Availability of dedicated delivery beds	Available modern methods of family planning	Combined oral contraceptive pills	Injectable contraceptives	Insertion of IUCD	Condoms (male and females)	Counseling and motivation for FP uptake	Availability of antenatal services	Availability of obstetric care services	Availability of newborn care services	Availability of child health services	Availability of malaria services	Distributes insecticide treated bed net distribution to patients, their families and households	Availability of TB services	Facility designated as Directly Observed Treatment centres	Availability of HIV & AIDS services	Availability of youth friendly services	Availability of sexually transmitted infections (STIs)	Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?
Orumba North	Model PHC, Awalasi Uga	Primary Health Centre	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	NR	Y
	PHC, Ubaha Ndiowu	Primary Health Centre	N	Y	Y	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	N	NR	Y
	Model PHC, Nkpologwu	Primary Health Centre	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	N
Aguata	Model PHC, Ora-eri	Primary Health Centre	Y	Y	N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y
	Model PHC, Oye Achina	Primary Health Centre	Y	NR	Y	NR	NR	NR	NR	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	NR	Y
	Model PHC, Umuoru Uga	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y
	PHC, Awa	Primary Health Centre	Y	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR
	Model PHC, Ebele Achina	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	N	N	Y
	PHC, Obinagu Ndiowu	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y

Y – Yes, N – No, NR – No Response

Appendix table 4: Services Support Programmes

LGA	Health Facilities	Classification	Drug revolving fund	Free MCH	SURE-P MCH	MSS	Community Based Health Insurance (Fund)	Safe Motherhood Demand Side Initiative	Other programmes being implemented
Orumba North	PHC Awa	Primary Health Centre	N	Y	N	Y	N	Y	Y
	PHC, Obinagu Ndiowu	Primary Health Centre	N	Y	N	N	N	Y	N
	PHC, Ubaha Ndiowu	Primary Health Centre	Y	N	N	N	N	Y	N
Aguata	Model PHC, Nkpologwu	Primary Health Centre	N	Y	N	N	N	Y	N
	Model PHC, Ora-eri	Primary Health Centre	NR	NR	Y	NR	NR	NR	Y
	Model PHC, Umuoru Uga	Primary Health Centre	N	N	N	N	N	NR	N
	Model PHC, Awalasi Uga	Primary Health Centre	N	Y	N	N	N	Y	N
	Model PHC, Oye Achina	Primary Health Centre	N	Y	N	N	N	N	Y
	Model PHC, Ebele Achina	Primary Health Centre	N	N	N	N	N	Y	N

Appendix table 5: Utilization figures over 4 years

Anambra: Utilization for 2011

LGA	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescent (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2011)
Orumba North	PHC Awa	Primary Health Centre	39	3	0	0	0	39	121	213	104	0	519
	PHC, Obinagu Ndiowu	Primary Health Centre	50	11	9	0	0	0	0	0	441	0	511
	PHC, Ubaha Ndiowu	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
Aguata	Model PHC, Nkpologwu	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Model PHC, Ora-eri	Primary Health Centre	26	2	1	0	11	47	0	0	0	0	87
	Model PHC, Umuoru Uga	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Model PHC, Awalasi Uga	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Model PHC, Oye Achina	Primary Health Centre	0	3	0	0	0	14	29	69	141	0	256
	Model PHC, Ebele Achina	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Total		**115**	**19**	**10**	**0**	**11**	**100**	**150**	**282**	**686**	**0**	**1,373**

Anambra: Utilization for 2012

LGA	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescent (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2012)
Orumba North	PHC Awa	Primary Health Centre	100	8	0	0	0	39	231	374	104	0	856
	PHC, Obinagu Ndiowu	Primary Health Centre	28	9	1	0	0	142	71	104	956	0	1,311
	PHC, Ubaha Ndiowu	Primary Health Centre	10	0	0	0	0	0	0	0	0	0	10
Aguata	Model PHC, Nkpologwu	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Model PHC, Ora-eri	Primary Health Centre	45	18	10	0	0	202	0	0	0	0	275
	Model PHC, Umuoru Uga	Primary Health Centre	19	0	0	0	0	0	0	0	622	0	641
	Model PHC, Awalasi Uga	Primary Health Centre	21	3	0	0	0	10	71	29	0	0	134
	Model PHC, Oye Achina	Primary Health Centre	41	7	2	0	0	27	71	104	157	0	409
	Model PHC, Ebele Achina	Primary Health Centre	18	1	1	0	0	78	0	0	714	0	812
	Total		**282**	**46**	**14**	**0**	**0**	**498**	**444**	**611**	**2,553**	**0**	**4,448**

Anambra: Utilization for 2013

LGA	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2013)
Orumba North	PHC Awa	Primary Health Centre	123	17	0	0	0	178	247	562	216	0	1,343
	PHC, Obinagu Ndiowu	Primary Health Centre	78	24	20	0	0	142	229	330	1,016	0	1,839
	PHC, Ubaha Ndiowu	Primary Health Centre	18	0	0	0	0	80	0	0	0	0	98
Aguata	Model PHC, Nkpologwu	Primary Health Centre	18	1	0	0	0	138	0	1,082	0	0	1,239
	Model PHC, Ora-eri	Primary Health Centre	33	5	3	0	0	153	0	0	0	0	194
	Model PHC, Umuoru Uga	Primary Health Centre	31	11	11	0	0	646	0	0	1,785	0	2,484
	Model PHC, Awalasi Uga	Primary Health Centre	93	29	0	0	0	106	76	219	0	0	523
	Model PHC, Oye Achina	Primary Health Centre	89	21	5	0	0	54	112	571	201	0	1,053
	Model PHC, Ebele Achina	Primary Health Centre	18	1	1	0	0	78	427	0	1,935	0	2,460
	Total		**501**	**109**	**40**	**0**	**0**	**1,575**	**1,091**	**2,764**	**5,153**	**0**	**11,233**

Anambra: Utilization for 2014

LGA	Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2014)
Orumba North	PHC Awa	Primary Health Centre	72	13	0	0	0	88	176	438	285	0	1,072
	PHC, Obinagu Ndiowu	Primary Health Centre	121	27	15	1	28	137	134	311	718	0	1,492
	PHC, Ubaha Ndiowu	Primary Health Centre	19	3	2	1	1	340	71	136	191	0	764
Aguata	Model PHC, Nkpologwu	Primary Health Centre	31	4	3	0	0	437	0	1,133	1,694	1,223	4,525
	Model PHC, Ora-eri	Primary Health Centre	124	48	45	0	0	154	126	672	795	71	2,035
	Model PHC, Umuoru Uga	Primary Health Centre	10	6	6	17	8	462	222	439	4,208	4,208	9,586
	Model PHC, Awalasi Uga	Primary Health Centre	52	20	14	24	48	43	49	78	0	0	328
	Model PHC, Oye Achina	Primary Health Centre	108	39	0	9	0	114	97	504	268	0	1,139
	Model PHC, Ebele Achina	Primary Health Centre	9	0	0	52	7	450	840	625	1,331	0	3,314
	Total		**546**	**160**	**85**	**104**	**92**	**2,225**	**1,715**	**4,336**	**9,490**	**5,502**	**24,255**

List of Respondents

State	Name	Designation	Phone Number
Anambra	Igweka Joe-Martins	H.O.D	08037507670
	Ugboaja Adaora	OIC	08160241964
	Ozeokeke Chinyere	OIC	08038769870
	Nwama Nonye	OIC	08035440099
	Okeke Margret	OIC	08064693970
	Imegbolu Grace	CNO	08026790072
	Nwankwo Regina	SMO	07051329371
	Onuorah L.I.	H.O.D. Health	08033818944
	Okafor D.N.	OIC	08061126694
	Dr. C.J. Okoye	DPHC	08030864502
	Ezenwata Love	OIC	07063731770

Photos

Below: **Toilet Facility still in use: PHC Oye Achina**

Below: **Deserted staff Kitchen: PHC Oye Achina**

Below: **Interview with OIC PHC Awalasi**

Below: **Out client Interview: Widow at Oraeri Community**

Below: **In client Interview – PHC Ora-eri**

This report summarizes the findings of the Assessment of Primary Healthcare Centres located in Christian Aid Supported Communities in Anambra State with financial and technical assistance from Christian Aid Nigeria Country Programme. The opinions expressed in this report are those of the authors and contributors and do not necessarily reflect the views of Christian Aid. Christian Aid is not liable for damages arising from interpretations and use of this material by a reader.